

NAME CYPRUS THOMPSON CREEK MINING CO.
ADDRESS P.O. BOX 62
CLAYTON ID 83227
FACILITY _____
LOCATION _____

(2-16) 100025402
PERMIT NUMBER
(17-19) 001
DISCHARGE NUMBER

MONITORING PERIOD
FROM YEAR 87 MO 10 DAY 01 TO YEAR 87 MO 12 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

RECEIVED
FEB 22 1988
MAJORITY COMPLIANCE SECTION
EPA REGION 10

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
ARSENIC, TOTAL (AS AS) 01002 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****		*****			
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT AVERAGE	*****			
CADMIUM, TOTAL (AS CD) 01027 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****		*****			
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT AVERAGE	*****			
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****		*****			
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT AVERAGE	*****			
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****		*****			
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT AVERAGE	*****			
	SAMPLE MEASUREMENT				No Discharge					
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	TELEPHONE		DATE		
P. H. Fitch General Manager		208 838-2200		88	02	15
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

USE THIS DMR FOR REPORTING PARAMETERS AT 002 SAMPLED ON A QUARTERLY BASIS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 2-29-84

NAME CYPRUS THOMPSON CREEK MINING CO.
ADDRESS P.O. BOX 62
CLAYTON IO 83227

(2-16)

(17-19)

ID0025402

002 B

PERMIT NUMBER

DISCHARGE NUMBER

FEB 22 1988

FACILITY
LOCATION

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	87	10	01		87	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

WATER COMPLIANCE SECTION

MAJOR SUBAREA REGION 10

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	*****	*****		*****	<0.005	*****		Otrly	Grab
01002 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	*****		Otrly	Grab
EFFLUENT GROSS VALUE				***		AVERAGE	MG/L			
CADMIUM, TOTAL (AS CD)	SAMPLE MEASUREMENT	*****	*****		*****	<0.005	*****		Otrly	Grab
01027 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	*****		Otrly	Grab
EFFLUENT GROSS VALUE				***		AVERAGE	MG/L			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****		*****	<0.01	*****		Otrly	Grab
01042 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	*****		Otrly	Grab
EFFLUENT GROSS VALUE				***		AVERAGE	MG/L			
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	*****	*****		*****	0.007	*****		Otrly	Grab
01092 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT	*****		Otrly	Grab
EFFLUENT GROSS VALUE				***		AVERAGE	MG/L			
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

P. H. Fitch
General Manager

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

208 838-2200

98 02 15

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

USE THIS DMR FOR REPORTING PARAMETERS AT 002 SAMPLED ON A QUARTERLY BASIS.